

Substitute for form 1449/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Application Number	10/540,306
				Filing Date	June 20, 2005
				First Named Inventor	O'Rourke, Michael
				Art Unit	3774
				Examiner Name	SCHILLINGER, ANN M
Sheet	1	of	1	Attorney Docket Number	084329-000000US

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Country Code ²	Number Kind Code ² (if known)			

FOREIGN PATENT DOCUMENTS								
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		Country Code ²	Number ²	Kind Code ² (if known)				
	1	WO	01/21106	A1	03-29-2001	IMPRA, INC.		<input type="checkbox"/>
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NON PATENT LITERATURE DOCUMENTS					
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Examiner Signature	/Ann Schillinger/	Date Considered	06/05/2009
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¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.